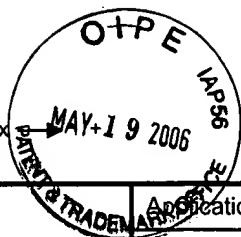


Please type a plus sign (+) inside this box



HDP/SB/21 based on PTO/SB/21 (08-00)

Handwritten initials and signature in the top right corner.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|-----------------|
| Application Number | 09/591,560 |
| Filing Date | June 9, 2000 |
| Inventor(s) | Emad N. FARAG |
| Group Art Unit | 2637 |
| Examiner Name | Edith M. CHANG |
| Attorney Docket Number | 29250-000326/US |

ENCLOSURES (check all that apply)

| | | | | |
|--|--|--|---------|----------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| <table border="1"><tr><td>Remarks</td><td>Mail Stop: AF</td></tr></table> | | | Remarks | Mail Stop: AF |
| Remarks | Mail Stop: AF | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | | | |
|-------------------------|----------------------------------|---------------|----------------|----------|--------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | Gary D. Yacura | Reg. No. | 35,416 |
| Signature | | | | | |
| Date | May 19, 2006 | | | | |

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